CREATING A SPECIALTY CARE HEALTH HOME FOR INDIVIDUALS WITH SEVERE AND PERSISTENT MENTAL ILLNESS (SPMI)

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Mission: *Improving the lives of the people we work with by pioneering and sustaining effective mental health and substance abuse services.*

POPULATION

- Population of consumers comprised of adults with severe and persistent mental illness (SPMI)

- Chronic SPMI as defined by Wisconsin State Statutes:

…a serious and persistent mental illness which is severe in degree and persistent in duration, which causes a substantially diminished level of functioning in the primary aspects of daily living and an inability to cope with the ordinary demands of life, which may lead to an inability to maintain stable adjustment and independent functioning without long-term treatment and support and which may be of lifelong duration."

WHY INTEGRATED CARE?

- On average, individuals with SPMI have a life expectancy **25 years** less than the general population, primarily due to "natural causes."

- Individuals with schizophrenia and bipolar disorder are up to **three times more likely** to have **three or more chronic conditions** compared with people without these mental disorders.

MORTALITY/MORBIDITY

- Premature mortality due to a combination of factors:
  - modifiable risk factors (e.g., smoking, poor nutrition/obesity, lack of exercise, substance abuse, “unsafe” sexual behavior),
  - higher rates of homelessness, victimization, unemployment, poverty, incarceration, and social isolation,
  - impact of symptoms associated with SPMI,
  - iatrogenic effects of medication, and
  - inadequate access to medical care

National Association of State Mental Health Program Directors (NASMHPD, 2006)

SPECIALTY CARE HEALTH HOME

"For people with severe and persistent mental disorders, specialty health care settings serve as the principal point of contact with the health care system. For them, a patient-centered medical home in a specialty setting would be the most expedient way to address their urgent health care needs."

Alakeson V, Frank RG, Katz RE, (2010)

GOAL

Improve the health and wellness of individuals with SPMI served at JMHC

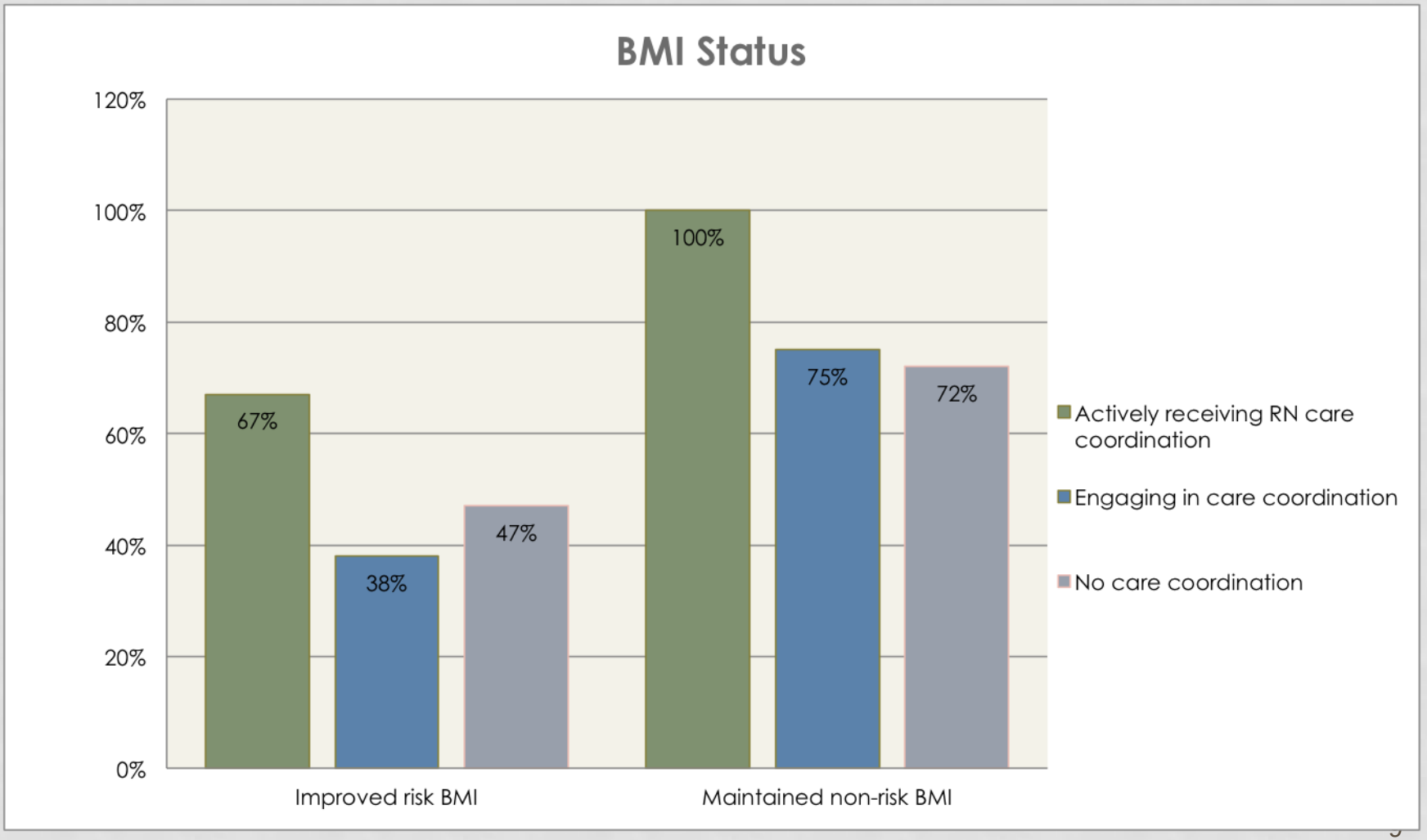
Journey's Health Home

- Chronic disease care management directed at screening, early intervention, referral, individualized care coordination delivered in person on-site and in the community both individually and in groups,

enhanced by

- Limited on-site primary care

EARLY OUTCOMES



BARRIERS TO IMPLEMENTATION

- Financial
- Organizational
- Cultural

LESSONS LEARNED

- Start where you are
- Remember if you've seen one integrated health program, you've seen one integrated health program
- Celebrate incremental change

PLANS FOR THE FUTURE

- Personal health review piloted
- Nurse disease manager position posted
- Partnership with a primary care provider for on-site primary care formed
- Consumers stratified into high risk groups
- Best practice guidelines and protocols identified
- At risk consumers engaged
- Care management interventions implemented
- Outcome data collected and analyzed for quality improvement

SUSTAINABILITY